

Case Number:	CM14-0076685		
Date Assigned:	07/18/2014	Date of Injury:	11/30/1992
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Dentistry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed indicate that this is a 51 year old male whom on December 1, 1992, he fell about 40 feet under a freeway. He does not have a clear recollection of the injury. He was hospitalized at the [REDACTED] with multiple injuries including head trauma and fractures, facial fractures, and spinal fractures. AME dentist report dated 07/24/13 has diagnosed this patient with: 1. Significant salivary changes, secondary to long term use of opiates and other industrial medications., 2. Multiple decayed, missing, and fractured teeth with collapse of the bite, secondary to medication induced salivary changes., and 3. Normal temporomandibular joint study (no structural injuries/no internal derangements). AME dentist further states: "I believe that there was significant contribution to the patient's dental problems resulting from that specific work injury. Therefore, treatment to relieve this man's present dental dysfunction and mastication impairment should be provided on an industrial basis relative to that injury of 11/30/92. For reasons described above, it is my opinion that [REDACTED] requires dental reconstruction on an industrial basis. It is my opinion that the breakdown of the dentition is so advanced, that a full mouth reconstruction utilizing dental implants is indicated. All remaining upper and lower natural teeth should be surgically removed. Bone grafting should be accomplished as needed. The patient should be provided with interim maxillary and mandibular full dentures. I would then recommend surgical placement of multiple endosseous dental implants in both the maxilla and mandible (upper and lower jaws). Once these implants have healed and are ready to be loaded, a full mouth reconstruction with bridgework supported by dental implants should be provided." The dentist DMD QME report dated 03/4/13 states: The patient presents with - decayed teeth which, with reasonable medical probability, occurred on an industrial basis, due to the industrial related Xerostomia condition that can contribute to dental tooth decay. Summary of the dentist objective findings: EMG revealed elevated facial musculature activity within

coordination and aberrant function of the facial musculature "The Temperature Gradient studies performed for this patient reveal abnormal temperature readings comparing one side of the facial musculature to the other side., Crepitus noises were palpated and auscultated in the right and left temporomandibular joints verified and confirmed by Ultrasonic Doppler Auscultation 'Objective diagnostics salivary flow and buffering tests advocated by the American Dental Association revealed definite qualitative changes in the saliva as well as an acidic salivary environment, Swollen gums; Decayed and Deteriorated teeth, Objectively-disclosed bacterial biofilm deposits on the teeth as well as around the gum tissues. The Diagnostic Autonomic Nervous System Testing objectively documented that the patient has heart rate changes due to abnormal sympathetic/parasympathetic activity, which correlates to nocturnal obstructions of the airway that exist. UR dentist on 04/17/14 states: The records do not support that there has been any injuries to the maxillofacial or dental region to support this request. The records I reviewed have no indication of any dental injuries. Further information is needed. Therefore the request for Dental Treatment for prosthetic evaluation/study models is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dental treatment for prosthetic evaluation/study models: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision on the Non-MTUS Official Disability Guidelines (ODG) Head (updated 06/04/13).

Decision rationale: Per objective findings of AME Dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this dental request for Dental treatment for prosthetic evaluation/study models to be medically necessary.

Photographs/intraoral images: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: ODG Head (updated 06/04/13).

Decision rationale: Photographs/intraoral images are not medically necessary since there was no reference found by this IMR reviewer showing the need for Photographs/intraoral images in diagnostics, and the dental provider did not provide any reasoning as to why Photographs/intraoral images are necessary at this point.

Pulp vitality test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: J Endod.

Decision rationale: Based on the medical reference mentioned above, the pulp vitality test is not medically necessary. The cold/thermal testing has been shown to be the most accurate methods for diagnostic testing.

Perio probe and diagnostic salivary study: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy.

Decision rationale: Per objective findings of AME Dentist [REDACTED] and the medical reference mentioned above, this IMR reviewer finds this dental request for Perio probe and diagnostic salivary study to be medically necessary.